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## \*BIBDATASHEET\*

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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

NONE O.A.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE O.A.

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/21/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	NJ	3	29	4
Examiner's Signature: <i>Olisa Anush</i> Initials: <i>O.A.</i>				

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## TITLE

Network-attached interactive unified messaging device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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